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FROM : OLDENKAMP

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**PATENT****Attorney Docket No. 0180.0046****Serial No. 10/647,197****Filed: August 20, 2003****Title: IMMUNONANOPARTICLES****Applicants: Pardridge et al.****Group Art Unit No. n/a****Examiner: n/a****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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**SUBMISSION OF MISSING PARTS OF APPLICATION**

Sir:

In the absence of a NOTICE OF MISSING PARTS, and in light of the filing date of the above-identified application, applicants submit herewith the DECLARATION that has been duly executed by the inventors. Applicants also submit herewith a check in the amount of \$65.00 pursuant to 37 CFR 1.16(1) to cover the government fees associated with filing the DECLARATION after the filing date of the application.

Please charge any deficiency in fees or credit any overpayment to Deposit Account No. 16-2230.

Dated: April 22, 2004

Respectfully submitted,

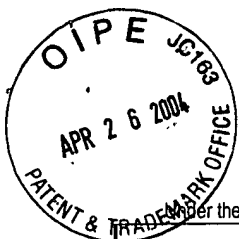
04/30/2004 SSESHE1 00000070 10647197

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65.00 OP

David J. Oldenkamp  
 David J. Oldenkamp, Reg. 29,421  
 SHAPIRO & DUPONT LLP  
 233 Wilshire Boulevard, Suite 700  
 Santa Monica, California 90401  
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PTO/SB/01 (08-03)

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		<b>Attorney Docket Number</b>	0180.0046	
		<b>First Named Inventor</b>	William M. Pardridge	
		<b>COMPLETE IF KNOWN</b>		
		<b>Application Number</b>	10/647,197	
		<b>Filing Date</b>	August 20, 2003	
<input type="checkbox"/> Declaration Submitted with Initial Filing	<b>OR</b>	<input checked="" type="checkbox"/> Declaration Submitted after initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Art Unit</b>	n/a
			<b>Examiner Name</b>	n/a

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMMUNONANOPARTICLES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

08/20/2003

as United States Application or PCT International

Application Number

10/647,197

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeders rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> OR <input checked="" type="checkbox"/> Correspondence address below	
Name DAVID J. OLDENKAMP, ESQ.			
Address SHAPIRO & DUPONT LLP 233 WILSHIRE BOULEVARD, SUITE 700			
City SANTA MONICA	State CALIFORNIA	ZIP 90401	
Country US	Telephone (310) 319-5411	Fax (310) 319-5401	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			

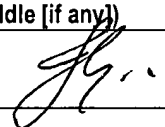
NAME OF FIRST OR SOLE INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) WILLIAM M.		Family Name or Surname PARDRIDGE	
Inventor's Signature <i>William M. Partridge</i>		Date 9/12/13	
Residence: City PACIFIC PALISADES	State CA	Country US	Citizenship US
Mailing Address UCLA, WARREN HALL 13-164, 900 VETERAN AVENUE			
City LOS ANGELES	State CA	ZIP 90024	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) JEAN-CHRISTOPHE		Family Name or Surname OLIVIER	
Inventor's Signature		Date	
Residence: City POITIERS	State	Country FR	Citizenship FR
Mailing Address UNIVERSITY OF POITIERS, FACULTE DE MEDECINE ET DE PHARMACIE, 34 RUE DU JARDIN DES PLANTES			
City POITIERS	State	ZIP 86000	Country FR
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.			

**SIGNATURE ON SEPARATE SHEET**

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Address SHAPIRO & DUPONT LLP 233 WILSHIRE BOULEVARD, SUITE 700			
City SANTA MONICA	State CALIFORNIA	ZIP 90401	
Country US	Telephone (310) 319-5411	Fax (310) 319-5401	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			

NAME OF FIRST OR SOLE INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) WILLIAM M.		Family Name or Surname PARDRIDGE	
Inventor's Signature		Date	
<b>SIGNATURE ON SEPARATE SHEET</b>			
Residence: City PACIFIC PALISADES	State CA	Country US	Citizenship US
Mailing Address UCLA, WARREN HALL 13-164, 900 VETERAN AVENUE			
City LOS ANGELES	State CA	ZIP 90024	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) JEAN-CHRISTOPHE		Family Name or Surname OLIVIER	
Inventor's Signature 		Date September 16, 2003	
Residence: City POITIERS	State	Country FR	Citizenship FR
Mailing Address UNIVERSITY OF POITIERS, FACULTE DE MEDECINE ET DE PHARMACIE, 34 RUE DU JARDIN DES PLANTES			
City POITIERS	State	ZIP 86000	Country FR
<input type="checkbox"/> Additional inventors are being named on the ___ supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.			